front of the eye. This represents a myopia of only 13 D. measured from the cornea.

The optical effect of removing the lens increases with the degree of myopia; an emmetropic eye rendered aphakic requires about 10.50, whereas an eye myopic 25 D. becomes nearly emmetropic; that is, such an eye would have to be 31.1 mm. in length, and this is the posterior focal distance of the cornea.

The visual acuity also must be taken into account when considering the probable benefit to be derived from the operation. The improvement to be expected therefrom can only be due to increased size of the retinal image, so that when the defective vision before operation is due to fundus changes it is irremediable by the operation. At the same time the changes actually visible with the ophthalmoscope afford a very unsafe guide in forming an opinion as to the improvement that may be obtained after the operation. The writer tests the visual acuity by the ability to read No. 1 Jaeger at the patient's far point. A rough but practically useful test.

The operation is usually called for only in young adults, or at the age of puberty; high myopia in young children is very rare. Young eyes thus affected are probably unsound and bad subjects for operation. Older people do not frequently require the operation, because they have chosen their path in life and have become accustomed to the inconvenience of wearing strong glasses. In the series reported only 5 were over thirty-five years old.

Should both eyes be operated on? When improvement has resulted from the operation on one eye it is rare that the same result is to be expected from the other. There is usually a difference of several dioptres in the myopia of the two eyes. Moreover, operation on the second eye deprives the patient of the ability to see near objects without glasses.

In the discussion which followed this paper, which was read before the section of Ophthalmology of the British Medical Association, Dr. E. Landolt remarked that highly myopic eyes were almost always diseased eyes affected with chronic choroiditis and its multiple consequences. Operation on the weaker of the two eyes would probably not yield a great advantage. Operation on the better eye might lead to entire loss of useful sight. Extraction was admissible only on one of two relatively good eyes of about 20 D. myopia.

Posterior Cortical Cataract of Traumatic Origin.—KOLLER (*Annals of Ophth.*, January, 1905) reports the case of a young man who received a perforating flap wound in the upper outer quadrant of the cornea of equitriangular shape, each side about 3 mm. long. Examination six days later showed that the flap was well adapted. In the region of the posterior pole of the lens a delicate star-like, somewhat diffuse opacity was present. Three and one-half weeks after the injury, the opacity of the posterior pole was smaller but much better defined. Vision was $\frac{6}{18}$; with the stenopœic slit it was $\frac{6}{12}$. A better scrutiny of the anterior part of the lens with the ophthalmoscope revealed a condition which had most likely existed from the start, but had escaped notice. In the anterior capsule of the lens exactly corresponding to the inner angle of the corneal wound was an opacity not larger than the finest dot, and adjoining it, outward and downward, the most anterior layer of the lens showed a delicate, frost-like, bean-shaped opacity, its axis slanting from the nasal to the temporal side. It is now five years since the accident and both opacities are practically unchanged, except that the anterior cortical opacity is larger. The vision with the proper correction is $\frac{5}{8}$.

Posterior cortical cataract of traumatic origin appears to be very rare; perhaps this is only apparent, its presence being hidden behind anterior opacities which are so common after perforating injuries to the lens or contusions of the eye.

Posterior polar cataract is to be distinguished from posterior cortical cataract (Fuchs). Posterior polar cataract is a small white dot at the posterior pole outside the lens; it is congenital and due to incomplete involution of the hyaloid artery. Posterior cortical cataract is much larger and shows the structure of the posterior cortex. It is very common in degenerative affections of the deeper structures of the eye, but has been recorded only a very few times as a sequel to traumatism, piercing wound of the lens, or simple contusion of the eye. It is an interesting and puzzling fact that in the case of perforating wounds of the lens the location of the lens wound seems to have no direct relation to the posterior cortical opacity. The opacity develops shortly after the injury and may result in complete cataract. It generally remains stationary after clearing up somewhat in the first weeks. This clearing makes it likely that the cause of the opacity is not destruction or alteration of the lens fibres, but it may be due to some deposit between them which can again disappear.

Various hypotheses have been advanced to explain this curious formation. Fuchs thinks that it is due to a gorging of preformed spaces (lymph spaces) by a liquid. Some observers have supposed that they had demonstrated the existence of such interfibrillar spaces, but recent researches are against the assumption that preformed lymph spaces exist in the normal lens. Zur Nedden assumes that the traumatism leads to momentary displacement of the lens within the capsule with loosening of the lens fibres at the posterior capsule. In consequence of this loosening some fluid from the vitreous enters into the cementing substance between the fibres of the lens. This hypothesis does not explain why this loosening should take place at the very pole of the lens, and why it should be so absolutely symmetrical. Further experiment is necessary to explain this curious and interesting phenomenon of the lens reacting with a change at its posterior pole to injuries inflicted on its anterior surface.

An Epidemic of Acute Catarrhal Conjunctivitis Due to the Koch-Weeks' Bacillus.—SNELL, Sheffield (*Lancet*, August, 13, 1904), reports the occurrence of such an epidemic in a rural district embracing about 12,000 inhabitants. Over 200 individuals were affected. The overwhelming majority occurred in children; in all cases both eyes were affected. The cornea was involved in but a single eye in a woman, ending in perfect recovery. Isolation and appropriate treatment soon put a stop to the outbreak.

Congenital Word-blindness.—HINSHELWOOD, Glasgow (*The Ophthalmoscope*, October, 1904), reports another case, making his fifth of this rare condition. The subject was a boy, aged twelve years, who had